

---

**REQUEST FOR APPLICATION (RFA) # TCS-00-104  
TOBACCO CONTROL YOUTH COALITIONS**

**August 8, 2000**



**Tobacco Control Section  
California Department of Health Services  
P.O. Box 942732, MS #555  
Sacramento, CA 94234-7320**

**RFA # TCS-00-104 is made possible through a grant award  
to CDHS/TCS by the American Legacy Foundation.**

---

**DEPARTMENT OF HEALTH SERVICES**

714/744 P STREET  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320



August 8, 2000

TO: Prospective Applicants

SUBJECT: REQUEST FOR APPLICATION (RFA) #TCS-00-104

Attached is RFA #TCS-00-104 entitled, “**Tobacco Control Youth Coalitions.**” The purpose of this RFA is to seek applications from qualified Local Lead Agencies (LLAs) to create new local tobacco control youth advocacy coalitions. These coalitions will conduct tobacco control activities as part of the California Legacy Program (CLP).

The RFA specifies eligibility, submission requirements, and tentative timelines. Please read the RFA carefully, as this is an open competitive process and applications must comply with all instructions to be reviewed. **Applications are due in the California Department of Health Services, Tobacco Control Section (CDHS/TCS) office by Friday, September 22, 2000, no later than 5:00 p.m.**

The complete RFA and all required forms are also available online at the CDHS/TCS website: [www.dhs.ca.gov/tobacco](http://www.dhs.ca.gov/tobacco). The website should be checked frequently for updates and additional information.

If your organization is eligible and interested in applying for funds, it would be beneficial to participate in the Informational Teleconference scheduled as follows:

Friday, August 25, 2000  
10:05 a.m. – 12:05 p.m.

**A-O**

Bridgeline Number: (510) 704-7800  
Password: 5425#

**P-Y**

Bridgeline Number: (916) 658-8700  
Password: 123#

Please bring a copy of the RFA with you to the teleconference. Answers to questions about the RFA will only be provided at this teleconference. Phone calls for programmatic technical assistance in preparing the application **will not** be accepted.

Prospective Applicants  
Page 2  
August 8, 2000

If anyone attending the teleconference requires special accommodations for the hearing impaired, please call Toni Rubin, at (916) 324-4409 by August 18, 2000.

Original signed by Dileep G. Bal

Dileep G. Bal, M.D. Chief  
Cancer Control Branch

cc: Regional Community Linkage Projects  
Ethnic Networks

---

## TABLE OF CONTENTS

---

<b>I.</b>	<b>INTRODUCTION .....</b>	<b>1</b>
A.	Purpose .....	1
B.	The California Legacy Program .....	1
C.	Philosophy of Working with Youth .....	3
<b>II.</b>	<b>GENERAL CONTRACT APPLICATION INFORMATION .....</b>	<b>4</b>
A.	Who May Apply.....	4
B.	Contract Period and Funding Levels.....	4
C.	Application Submission Requirements .....	5
D.	Application Review Process.....	7
E.	Appeals Process.....	8
F.	Tentative Timelines.....	9
<b>III.</b>	<b>ADMINISTRATIVE AND PROGRAM EXPECTATIONS .....</b>	<b>10</b>
<b>IV.</b>	<b>APPLICATION INSTRUCTIONS .....</b>	<b>11</b>
A.	General Instructions.....	11
B.	Organization of Application .....	12
C.	Application Criteria and Instructions .....	13
1.	Application Cover Sheet.....	13
2.	Application Checklist.....	13
3.	Table of Contents.....	13
4.	Local Lead Agency Information Sheet for Youth Coalition .....	13
5.	Narrative .....	14
6.	Acknowledgement of Communication .....	15
7.	Applicant Capability.....	15
8.	Scope of Work, including evaluation .....	17
9.	Budget and Budget Justification.....	22
10.	Drug-Free Workplace Certification .....	24
<b>V.</b>	<b>TABLE OF CONTENTS OF ENCLOSED ATTACHMENTS .....</b>	<b>25</b>
	Attachments 1-7 .....	26-32
<b>VI.</b>	<b>APPENDICES TABLE OF CONTENTS.....</b>	<b>33</b>
	Appendices A-E.....	34-40

---

## **I. INTRODUCTION**

---

### **A. Purpose**

The purpose of this Request for Application (RFA) is to seek applications from qualified California Local Lead Agencies (LLAs) to create new local tobacco control youth advocacy coalitions. These coalitions will conduct tobacco control activities as part of the California Legacy Program (CLP). To be considered for funding, applicants must address how they would:

- Plan and develop strategies to establish and implement a tobacco control youth advocacy coalition in their county;
- Recruit and retain youth to participate in the tobacco control youth advocacy coalition;
- Participate in one of the two conferences provided in northern and southern California for youth and agencies that serve youth on how to create effective youth-driven tobacco control interventions and advocacy;
- Assist youth to participate in statewide tobacco control youth advocacy coalition teleconferences, activities, and in a statewide summit;
- Assist at least one member of the local tobacco control youth advocacy coalition to participate as a member of the statewide tobacco control youth advocacy coalition and to act as a link between coalitions;
- Assist youth to participate in local tobacco control youth advocacy coalition trainings;
- Assist youth to plan and conduct 1 to 3 tobacco control advocacy activities; and
- Participate in an evaluation case study conducted by a CLP evaluation consultant.

### **B. The California Legacy Program**

The CLP is a partnership between California Department of Health Services, Tobacco Control Section (CDHS/TCS), the California Attorney General's Office (AGO), Tobacco Litigation and Enforcement Section and the Crime and Violence Prevention Center, and the California Department of Education (CDE). CDHS/TCS is the lead agency for the partnership.

The purpose of CLP is to increase and enhance youth tobacco control advocacy efforts in California. The overall concept is to provide youth the opportunity to become meaningfully engaged in the state's tobacco control movement through participation in statewide and local youth coalitions that plan, develop, and implement youth advocacy and media activities. In addition, the AGO's Crime and Violence Prevention Center, with participation from youth, will create and disseminate to middle and high schools a tobacco-specific youth development program that includes videos, a study guide, and supporting materials.

CDHS/TCS, the AGO and members of the statewide youth advocacy coalition will collaborate closely on many CLP components, including a conference for youth and agencies that serve them, to be held in northern and southern California; an annual statewide youth advocacy summit for youth active in the tobacco control movement; trainings for the statewide and local youth advocacy coalitions; and project evaluation. CDHS/TCS and the AGO, as well as CDE, will also provide technical assistance to the statewide and local youth advocacy coalitions as needed. CDE will facilitate the dissemination of the AGO's tobacco-specific youth development materials into the schools and participate in the planning and implementation of the statewide conference.

CLP seeks to:

- 1) raise awareness about the tobacco industry and the images and practices to sell and promote addiction to tobacco that saturate our communities;
- 2) delegitimize the tobacco industry and its advertising and promotional practices;
- 3) empower and aid youth to set their own agenda; and
- 4) facilitate the involvement of youth in community activism efforts in order to take control back from the tobacco industry in terms of how and where its addictive, deadly products are promoted, sold, and used.

CLP shares the strategic emphasis of the overall tobacco control program in California, which uses a community norm change approach to change the perception of tobacco use as normal or even glamorous into a realistic perception of it as dangerous, addictive, and unacceptable.

Tobacco control efforts in California are focused in four CDHS/TCS priority areas:

- 1) countering pro-tobacco influences in the community;
- 2) reducing exposure to secondhand smoke and increasing the number of smoke-free public spaces, worksites, schools, and communities (cessation is included in this priority area);
- 3) reducing the availability of tobacco products; and
- 4) the provision of cessation services primarily through population-based approaches.

Participating youth will plan and conduct activities that fall within one or more of the first three priority areas.

The CLP design maximizes youth participation and leadership. Youth are involved in all aspects of program development, implementation, and evaluation. Through their participation, youth will receive training and develop skills related to leadership, media relations, public speaking, problem solving, program planning, and meeting facilitation. By increasing involvement of youth and young adults in advocacy and community activism, CLP seeks to reduce tobacco use among young people and eradicate nicotine addiction in future generations.

### **C. Philosophy of Working with Youth**

Teens are in the throes of making the transition to adulthood. There are many competing demands on their time and energy including academics, sports, social and family activities. Consequently, they do not want to work on projects that are not interesting, fun or rewarding. Initially, tobacco may not be a pressing issue for teens who might be more concerned about the environment, illicit drugs or gangs. Therefore, the issue must be presented to teens in ways that make it relevant to their lives, giving them opportunities that they will view as having value to themselves and to others.

Working with teens calls for honesty, humor, patience, flexibility, and the ability to work in a loose, supportive environment. Teens want to be respected for their ideas, their perspectives and their time.

The most successful youth programs are those that utilize the following principles:

- Give teens a voice, ask for their involvement;
- Give decision making power/authority to teens;
- Make the project fun;
- Offer meaningful opportunities;
- Provide a safe and positive environment;
- Encourage teen/adult partnerships;
- Offer training that is relevant, experiential and interactive;
- Provide opportunities for reflection and feedback; and
- Acknowledge teens personally and publicly.

Tobacco prevention and control can provide youth an opportunity to get involved in a community mission with social justice at its root. Programs using a positive youth development approach that is built on the foundation of caring relationships with adults, high expectations, and meaningful opportunities for youth to participate while learning new skills have been highly successful. Examples of tobacco prevention activities that a community may wish to adopt include media literacy, cross-age mentoring and youth-driven advocacy and community service. Communities throughout California have successfully used these strategies to help reduce youth access to tobacco, reduce exposure to environmental tobacco smoke, and counter tobacco industry influences. These strategies are appealing to youth because they address issues that young people have to deal with in their daily lives and because they empower youth by providing a way to “give back” to the community.

The roles of teens and staff in tobacco control projects vary by project. Generally, the roles are divided with teens acting as educators and advocates, interacting with media and policy makers, and planning and carrying out specific programs. Adults need to identify the parameters of the project, facilitate planning and help keep the teens on track, and provide logistical support and training so the teens will succeed at their activities.

---

## **II. GENERAL CONTRACT APPLICATION INFORMATION**

---

### **A. Who May Apply?**

1. Only LLAs without an existing youth coalition are eligible to apply for these funds. Because LLAs are strategically placed within counties, have experience working with tobacco control coalitions, and receive funding annually through an allocation mechanism, CDHS/TCS considers these agencies the most appropriate to coordinate sustainable tobacco control youth advocacy coalitions and their activities.
2. Only LLAs without an existing youth coalition are eligible for funding because the goal of CLP is to begin new youth coalitions. LLAs that indicated existence of a youth coalition in the progress report for the period ending June 30, 2000, are not eligible.

### **B. Contract Period and Funding Levels**

1. Approximately \$250,000 is expected to be available for this RFA to fund competitive tobacco control youth coalitions. Funds are from an American Legacy Foundation (Legacy) grant to CDHS/TCS in Fiscal Year 2000-01.
2. Awards to LLAs are for one year only, with the possibility of two additional years of funding. Funding is contingent on the availability of anticipated subsequent fiscal year funding from Legacy. There is no guarantee that future funding will be available. CDHS/TCS will have the option of renewing a contract for an additional two years if funds are available and the contractor has performed to the satisfaction of CDHS/TCS.
3. Contract awards are expected to average between \$10,000 and \$25,000, depending upon the scope and quality of the types of applications received.
4. CDHS/TCS anticipates funding a total of seven to ten tobacco control youth coalitions through this competitive RFA process.
5. CDHS/TCS reserves the right to fund any or none of the applications submitted in response to this RFA. CDHS/TCS may also waive any immaterial deviation in any application. CDHS/TCS waiver of any immaterial defect(s) shall not excuse an application from full compliance with the contract terms if a contract is awarded. There is no guarantee that scoring above 75 points will result in funding or funding at the level requested.
6. CDHS/TCS reserves the right to withdraw any award if an acceptable Scope of Work, Budget, Budget Justification, and other CDHS/TCS required forms are not received by CDHS/TCS within 45 calendar days of being negotiated by CDHS/TCS and the awardee.



7. CDHS/TCS reserves the right to withdraw any award or negotiate the Scope of Work of any proposed projects or proposed project components.
8. Expenses associated with preparing and submitting an application are solely the responsibility of the applicant agency and will not be reimbursed by CDHS/TCS.
9. Contract Language. CDHS/TCS will send to each awardee, along with the official award notification, a copy of the contract language. Changes to this language will **not** be negotiated at any time during the negotiation process.

### **C. Application Submission Requirements**

#### **1. Letter of Intent**

For the purpose of planning the review process, all prospective applicants are to submit a letter notifying CDHS/TCS of the intent to submit an application. **One (1) signed letter of intent should be sent by 5 p.m., on Friday, September 1, 2000.** The letter of intent must be submitted on the applicant's letterhead and state the following: the name and number of the RFA under which the application will be submitted and the estimated budget request.

E-Mail documents will not be accepted. Mail or fax the letter of intent to:

Tobacco Control Section  
ATTN: Toni Rubin  
California Department of Health Services  
P.O. Box 942732, MS #555  
Sacramento, CA 94234-7320  
FAX #: (916) 327-5424

Clearly indicate "Tobacco Control Youth Coalitions RFA # TCS-00-104" on the outside of the mailing envelope or FAX transmittal sheet.

**NOTE:** All applicants agree in submitting an application, that CDHS/TCS is authorized to verify any and all claimed information and to verify any references named in the application. All applications received by CDHS/TCS are subject to the provisions of the "California Public Record Act" (Government Code Section 6250 et seq.) and are not considered confidential after completing the selection process.

#### **2. Application**

Submit one signed original (clearly marked "original") and four (4) copies of the entire application. Clearly indicate "Tobacco Control Youth Coalitions RFA # TCS-00-104" on the outside of the mailing envelope.

**Applications must be received by 5 p.m., on Friday, September 22, 2000, at the California Department of Health Services, Tobacco Control Section.**

- FAX and E-Mail documents will not be accepted. It is the sole responsibility of the applicant to ensure that CDHS/TCS receives the required number of copies of the application by the above deadline. No exceptions will be made.
- A late or an incomplete application will be considered non-responsive and will not be reviewed for funding.
- No changes, modifications, corrections, or additions may be made to the application once it is received. No exceptions will be made.
- Postmarks will not be accepted as proof of timely delivery.

Deliver completed applications to CDHS/TCS:

**Regular Mail**

**U.S. Postal Service:**

Tobacco Control Section  
ATTN: Diane Hightree  
California Department of Health Services  
P.O. Box 942732, MS #555  
Sacramento, CA 94234-7320

**Hand or overnight delivery  
(UPS or FedEx)**

Tobacco Control Section  
ATTN: Diane Hightree  
California Department of Health Services  
601 North 7th Street, MS 555  
Sacramento, CA 95814

CDHS/TCS Phone Number  
(916) 327-5425

\*\*\* See Appendix A for directions to TCS. \*\*\*

### 3. Informational Teleconference

An informational teleconference is scheduled for the purpose of answering questions directly related to the RFA requirements. Technical assistance regarding programmatic content will not be available.

Friday, August 25, 2000  
10:05 a.m. – 12:05 p.m.

**A – O**

Bridgeline number: (510) 704-7800  
Password: 5425#

**P – Y**

Bridgeline number: (916) 658-8700  
Password: 123#

## **D. Application Review Process**

### **1. Review for Compliance with Mandatory RFA Requirements**

Applications will be date and time stamped upon receipt at CDHS/TCS. Each application received by CDHS/TCS **by 5 p.m. on Thursday, September 22, 2000** will be reviewed for compliance with the requirements provided in this document.

**NOTE: Applications that do not comply with the requirements will be considered non-responsive and excluded from the review. Omission of any required document or form, failure to use required formats for response, or failure to respond to any requirement may lead to rejecting the application prior to the internal TCS review. CDHS/TCS may waive any immaterial deviation in any application.**

### **2. TCS Review**

Each application that complies with the mandatory requirements will be evaluated and scored by an internal TCS review committee on a scale of 0 to 100 points. Applications receiving a score of 75 points or more will be considered for funding depending upon the availability of funds and non-duplication of local, state, or national tobacco control initiatives. There is no guarantee that scoring above 75 will result in funding or funding at the level requested.

The maximum point value of each section is as follows:

Narrative	30 points
Applicant Capability	20 points
Scope of Work & Evaluation	30 points
Budget and Budget Justification	<u>20 points</u>
	100 points

### **3. Notification of Decision**

Each applicant, whether selected for funding or denied, will be notified in writing of the funding decision. Applicants may receive, upon written request directed to Toni Rubin, Contract Manager, Tobacco Control Section, the consensus review tool summary page for their application which provides the score and overall strengths and weaknesses of their application.

### **4. Contract Negotiation**

Following the award notification, contract negotiations will occur with the potential contractor in a timely manner. CDHS/TCS reserves the right to reject any proposed project(s) or project component(s). Following contract negotiations, the contractor is required to submit a detailed Scope of Work, Budget, and Budget

Justification in accordance with CDHS/TCS requirements, which become part of the contract. Upon completion and approval of these documents, the contract may be fully executed and work may commence.

#### **E. Appeals Process**

Only those agencies that submit an application consistent with the requirements of this RFA, and are not funded, may appeal. There is NO appeal process for applications that are submitted late or are incomplete. Applicants may not appeal their funding level. Letters appealing the final application selection must be received **no later than 5 p.m. on Friday, October 13, 2000, at the address indicated below. E-Mail transmitted documents WILL NOT BE ACCEPTED.**

Appeals shall be limited to the grounds that CDHS/TCS failed to correctly apply the standards for reviewing your agency's application in accordance with this RFA. The appellant must file a written appeal, which includes the issue(s) in dispute, the legal authority or other basis for the appellant's position, and the remedy sought. Incomplete appeals will be rejected. Appeals must be mailed or faxed to:

Donald O. Lyman, M.D., Chief or designee  
Division of Chronic Disease and Injury Control  
Department of Health Services  
P.O. Box 942732, MS #504  
Sacramento, CA 94234-7320  
Fax number: (916) 327-5424

At his sole discretion, the Chief of the Division of Chronic Disease and Injury Control or his designee may hold an appeal hearing with each appellant and then come to a decision, either based on the combination of the written appeal letter and the evidence presented at the hearing, or based on the written appeal letter if no hearing is conducted. The decision of the Chief of the Division of Chronic Disease and Injury Control or his designee shall be final. There is no further administrative appeal. Appellants will be notified of decisions regarding their appeal in writing within fifteen (15) working days of their hearing date or the consideration of the written appeal letter, if no hearing is conducted.

## F. Tentative Timelines

August 8, 2000	Release of RFA
August 25, 2000	Informational Teleconference 10:05 a.m. – 12:05 p.m.
<b>September 1, 2000</b>	<b>Letters of Intent due by 5 p.m.</b>
<b>September 22, 2000</b>	<b>Applications due by 5 p.m.</b>
October 5, 2000	Award decisions announced
<b>October 13, 2000</b>	<b>Appeals due by 5 p.m.</b>
October 16-20, 2000	Appeal Hearings
<b>November 15, 2000</b>	<b>Contract period begins</b>
August 31, 2001	Contract period ends

---

### III. ADMINISTRATIVE AND PROGRAM EXPECTATIONS

---

Agencies applying for these funds should be aware of the following:

1. Contractors are reimbursed in arrears for actual expenses which means the agency or individual incurs expenses and is then reimbursed by CDHS/TCS.  
**Please note:** Funds will not be issued prospectively and will not be distributed similarly to LLA Proposition 99 allocations.
2. Contractors are expected to contact CDHS/TCS if they are having difficulties implementing the Scope of Work or need to make changes in the approved activities. The agency must be aware that it is legally bound to deliver the services as stated in the Scope of Work. This includes serving the number of people identified, conducting the stated number of activities, developing the identified educational materials, etc. If changes need to be made in the Scope of Work, the contractor must contact CDHS/TCS to discuss the issue and request a Scope of Work revision or a contract amendment. It is up to the discretion of CDHS/TCS whether or not to approve the request. **If contract deliverables, including Progress Reports, are not completed satisfactorily by the term of the contract, CDHS/TCS has the authority to withhold and/or recover payment of funds.**
3. CDHS/TCS may withhold payment of invoices for lack of documentation and/or timely progress, as well as for any apparent non-compliance with contract requirements.

---

## IV. APPLICATION INSTRUCTIONS

---

### A. General Instructions

The Scope of Work and Budget are to be consistent with the policies and procedures found in the LLA Administrative and Policy Manual. As you develop your Scope of Work and Budget, please review the Policy Section paying particular attention to those policies addressing incentives, promotional items and lobbying.

1. **READ ALL INSTRUCTIONS CAREFULLY. Be sure to include all of the information required in this RFA, including all attachments and copies. Re-check the application to ensure completeness.**
2. **DO NOT ASSUME** the reviewers have prior knowledge of the past history of the applicant agency or previous tobacco control programs administered by the agency. The burden is on the applicant to demonstrate an understanding of the services to be delivered under the intended contract, and the ability to design and carry out **efficient services that are reasonably budgeted.**
3. **DO NOT PROVIDE ANY MATERIALS THAT ARE NOT REQUESTED.** Any materials submitted that are not requested under this RFA will be discarded prior to application review, including pages that go over the maximum number in specified sections with page limitations.
5. Number each page of the application consecutively.
6. The type font size is to be no less than 12 characters per inch.
7. Folders and binders are **not** desired; securely staple the application in the upper left corner.
8. Clearly indicate "Tobacco Control Youth Coalitions RFA #TCS-00-104" on the outside of the mailing envelope.
9. Attachments 1, 5, and 7 require signatures by the LLA Tobacco Control Project Director. **Allow time to obtain these required signatures.**

## B. Organization of Application

Present the components of the RFA in the order listed below using the instructions provided on subsequent pages to complete each area.

- 1. Application Cover Sheet (Attachment 1)
- 2. Application Checklist (Attachment 2)
- 3. Table of Contents (Attachment 3)
- 4. LLA Information Sheet for Youth Coalition (Attachment 4)
- 5. Narrative (No Attachment Provided), **10-page maximum**
- 6. Acknowledgement of Communication with CDHS/TCS Funded Projects Form (Attachment 5).
- 7. Applicant Capability – (No Attachment) **5-page maximum**
  - a) Program Experience
  - b) Administrative/Fiscal Experience
  - c) Equipment
- 8. Scope of Work, including evaluation (Attachment 6)
- 9. Budget and Budget Justification (No Attachment)
- 10. Drug-Free Workplace Certification (Attachment 7)

**NOTE: ➤ DENOTES THE DOCUMENT REQUIRES A SIGNATURE BY THE LLA TOBACCO CONTROL PROJECT DIRECTOR. READ THE DOCUMENTS AND ALLOW TIME TO OBTAIN THE REQUIRED SIGNATURE.**



## C. Application Criteria and Instructions

### 1. Application Cover Sheet (Attachment 1)

- Item 1: Enter the LLA official name. Enter the mailing address, which will appear on any subsequent agreement. Enter the name of the county in which the applicant's headquarters is located. Enter the name of the primary person to be contacted regarding this application, the phone number, the fax number and e-mail address. Enter the federal identification number for your agency.
- Item 2: Enter the contract term, **November 15, 2000 to August 31, 2001**.
- Item 3: Enter the budget amount requested for the contract term.
- Item 4: Indicate the location/geographic coverage of the project.
- Item 5: The applicant LLA Tobacco Control Project Director must sign and date the certification statement provided. Also type the name and title of the agency representative.

### 2. Application Checklist (Attachment 2)

The items included on the checklist are **required** to be submitted as part of the application and should be presented in the order noted. If any of the items are omitted from the application, the application will be considered incomplete and out of compliance with this RFA and will not be reviewed. Complete the attached application checklist to ensure that all application attachments and required components are included.

### 3. Table of Contents (Attachment 3)

Applications must have a Table of Contents with page numbers referenced. Application sections must be presented in the sequence shown on the Application Checklist (Attachment 2).

### 4. Local Lead Agency Information Sheet for Youth Coalition (Attachment 4)

Provide information requested.

## 5. Narrative (No attachment provided, 10-page maximum - 30 points)

### **Criteria**

Funding preference will be given to those applicants who:

- Incorporate the following principles for successful youth programs into the proposed youth coalition:
  1. Give teens a voice, ask for their involvement;
  2. Give decision making power/authority to teens;
  3. Make the project fun;
  4. Offer meaningful opportunities;
  5. Provide a safe and positive environment;
  6. Encourage teen/adult partnerships;
  7. Offer training that is relevant, experiential and interactive;
  8. Provide opportunities for reflection and feedback; and
  9. Acknowledge teens personally and publicly.
- Propose a Scope of Work that utilizes existing tobacco control program priorities; is likely to work toward community norm change; and incorporates policy, youth, and community advocacy strategies.
- Demonstrate an understanding of the benefits and barriers to coordinating a youth coalition;
- Demonstrate appropriate strategies and problem-solving to address barriers to establishing and coordinating a youth coalition;
- Demonstrate culturally appropriate methods of working with youth; and
- Provide sufficiently detailed information specific to the applicant's locale on topics one to nine below.

### **Instructions**

Using no more than ten pages, prepare a narrative that provides the following information:

1. Reasons that your LLA Tobacco Control Program does not presently have a youth coalition;
2. Benefits and barriers that your LLA Tobacco Control Program sees to having a youth coalition;
3. Historical, political, economic and socio-cultural characteristics of your community, such as: 1) racial/ethnic composition of your community; 2) major population centers; 3) urban/rural factors; 4) major media outlets (e.g., radio and TV stations, newspapers); and 5) number of school districts and the estimated

total size of the school population in the area to be served that will facilitate or challenge the establishment of a youth coalition;

4. Proposed strategies to plan, establish, implement, and overcome barriers to establishing and implementing a tobacco control youth advocacy coalition;
5. Detailed strategies for youth recruitment and youth retention specific to your locale;
6. Proposed strategies for working with teens, promoting teen decision making and providing feedback;
7. Proposed strategies for incorporating participation of at-risk youth into youth coalition activities;
8. Methods of acknowledging teens; and
9. Possible activities that teens might engage in that are of importance in your locale and why and how these issues are deemed important (provide specific data, if available).

## **6. Acknowledgement of Communication (Attachment 5)**

### **Criteria**

Funding preference will be given to those applicants that demonstrate there will be coordination and collaboration with the Regional Community Linkage Project and other CDHS/TCS funded agencies working with youth on tobacco control issues in the County.

### **Instructions**

**Follow instructions for completing Acknowledgement of Communication with CDHS/TCS Funded Projects (Attachment 5).**

The purpose of the Acknowledgement of Communication with CDHS/TCS Funded Projects form is to confirm that applicants have discussed their application with the appropriate Regional Community Linkage Project and others working with youth on tobacco control issues in the County to facilitate coordination, and avoid duplication. Completed forms must be included in the application.

## **7. Applicant Capability (No attachment, 5-page maximum - 20 points)**

### **Criteria**

Funding preference will be given to LLAs that exhibit the following qualifications:

- Demonstrate that staff have at least two years of access to and previous experience with youth and the ability to conduct program activities that are appropriate in terms of the culture, language, literacy level, age, and gender specific to that population.

- Demonstrate a history of effective outreach with CDHS/TCS funded contractors and other community organizations and groups to build community collaborations.
- Demonstrate effectiveness in providing youth training and technical assistance on youth programs. Use of educational materials for the target audience should include appropriate use of language, literacy, age and cultural specific needs.
- Demonstrate the ability to enter into a contract and begin activities within a 45-day period.
- Demonstrate the ability to operate a youth program with payment in arrears.
- Demonstrate the availability of adequate equipment (including computers) to support staff and program needs. Due to limited funds available through this RFA, equipment purchases will not be allowed.

### **Instructions**

Using no more than five pages, prepare a narrative section that provides the following information:

1. Describe the qualifications of key program staff, including staff or consultants that would be responsible for the new youth coalition. Describe their educational background, and their experience recruiting and working with youth. If new staff are to be hired, describe qualifications that would be required.  
**Do not attach résumés.**
2. Describe previous collaborative efforts of applicant with CDHS/TCS funded contractors and other community organizations and groups (include school collaborations).
3. Describe the applicant's experience with the youth population and its ability to provide appropriate training and technical assistance.
4. Describe the applicant's capability and resources to ensure timely start-up and implementation of the proposed project. Describe how the proposed project will be integrated into the agency's organizational structure.
5. Describe the applicant's resources that enable them to incur expenses for youth program operation and receive subsequent reimbursement.
6. Describe what type of office and computer equipment the applicant has available for use in this project. Include in the description: a) the number and type of equipment available, i.e., desks, chairs, typewriters, facsimile machines, personal computers, printers, etc.; b) whether or not the computers have modems and communications software; c) the software packages your agency uses for word processing, spreadsheets, databases, etc.; and d) approximately when the

computer equipment was purchased, and its availability for use in this project, if funded.

## **8. Scope of Work, including evaluation (Attachment 6 - 30 points)**

### **Criteria**

Funding preference will be given to applicants that most closely address the criterion below:

- Provide a Scope of Work that at a minimum includes these two objectives:
  1. By January 2001, a strategic planning process conducted by (insert name) County tobacco control program will produce an action plan to establish a tobacco control youth advocacy coalition that involves at least (insert number) youth, 12 to 17 years old as members.
  2. By August 31, 2001, the tobacco control youth advocacy coalition will have conducted at least one to three youth-driven advocacy interventions targeting community norm changes.
- Present a well-organized and detailed Scope of Work that describes:
  1. How much will be done;
  2. Where activities will occur;
  3. What will be done (e.g. start up activities, youth recruitment/retention methods, communication methods, collaboration activities, training, strategic planning, publicity, recognition, and evaluation activities)
  4. Staff, subcontractors or consultants responsible for activities; and
  5. Appropriate and reasonable tracking measures.
- Provide a Scope of Work that thoroughly describes how each of the following core components will be addressed for each objective:
  1. Start up activities
  2. Youth recruitment/retention activities
  3. Communication/collaboration activities
  4. Training
  5. Strategic planning
  6. Publicity
  7. Recognition
  8. Advocacy intervention (Objective 2 only)
  9. Evaluation
- Reflect intervention and evaluation activities and strategies that are developmentally appropriate to working with youth ages 12 to 17 years old.
- Incorporate culturally and linguistically appropriate intervention and evaluation activities and strategies.

- Demonstrate that local, statewide data and findings from the literature will be used as a foundation for strategic planning and development of the one to three advocacy interventions.
- Demonstrate staff and time commitment to participate in TCS and Legacy required evaluation activities, (e.g., data collection, technical assistance opportunities, etc.).

### **Overview**

1. The seven column Scope of Work format must be used by all applicants to ensure consistency for review purposes by CDHS/TCS staff and reviewers. **Plans presented using a format other than that described below will NOT be reviewed.**
2. Carefully follow the Scope of Work template, adding to the information that is provided. Consult requirements and preferences for funding and tailor the Scope of Work. Provide all the required information described in the instructions in this document, along with the detail necessary to make the proposed project clear. **Do not delete any of the Scope of Work contents that are provided.**
3. The Scope of Work provides the basis for contract negotiations and, along with the Budget, becomes a legally binding document. The Scope of Work is referenced in the contract and is the "road map" that provides the direction, activities, and expected outcomes of the project. The approved Scope of Work and any subsequent revision is incorporated and made part of the contract. The Scope of Work can only be changed with prior approval from CDHS/TCS.
4. The Budget and Budget Justification should closely correspond to Scope of Work activities, deliverables, and timelines. For example, if production of a radio ad is described in the Scope of Work, funds should be budgeted for creative development, production, and placement of the ad. If promotional items are to be distributed to store owners, these should be described in the Scope of Work and Budget.

### **Instructions**

Complete the Scope of Work, using the following instructions. See Attachment 6 for the form. A complete format is available online at the CDHS/TCS website at: [www.dhs.ca.gov/tobacco](http://www.dhs.ca.gov/tobacco).

#### **1. Header Information**

The header information must be included on every page. Include your agency name and project name. The contract term is November 15, 2000, to August 31, 2001. Leave the contract number, revision date and Progress Report Period blank.

## 2. Column #1: Objectives/Activities/Evaluation

TCS has provided a Scope of Work template with two required objectives. TCS expects LLAs to recruit youth for youth coalition participation that will then drive the coalition activities. This means that applicants will be unable to specify coalition activities with certainty. Applicants are directed to:

- a. Use the Scope of Work provided, making no deletions; applicants may propose objectives in addition to the two required objectives.
- b. Tailor the Scope of Work, by describing possible activities for each of the two required objectives using categories one to nine below. Provide the required information and the detail necessary to make the proposed project clear.
  - 1) Start up activities
  - 2) Youth recruitment/retention
  - 3) Communication/Collaboration
  - 4) Training
  - 5) Strategic planning
  - 6) Publicity
  - 7) Recognition
  - 8) Advocacy intervention (Objective 2 only)
  - 9) Evaluation
- c. Be aware that applicants will be unable to identify priority areas and specific activities to be conducted by the youth coalition, but should use the phrase “these activities may include but are not limited to” to propose activity choices deemed to be appropriate to the LLA locale and climate.
  - 1) **Activities** - Use an outline format to describe possible activities to be conducted to achieve the objective. It is recommended that applicants organize the activities under the two required objectives by categories provided in 2.b. above (start up activities, youth recruitment/retention, communication/collaboration, training, strategic planning, publicity, recognition, advocacy intervention and evaluation) with activities listed chronologically within each category. The evaluation activities must be categorized separately under “Outcome Evaluation.” Outcome evaluation relates to applicant’s participation in the CLP case study and administration of annual standardized evaluation tools that may be required.
    - a. Describe the methods  
Methods may include: presentations, letter writing, conducting public hearings or forums, use of media, etc. Describe the curriculum to be used or major content areas.

b. Describe incentive items

Tobacco education projects may use incentives to reinforce or motivate a behavior change. They should only be given to participants attaining a pre-specified goal. If you plan to use incentives, identify the types of items you intend to use and how they will be used. If you do not know the exact incentive item you will be using, list possible examples (e.g., “incentive items, such as gift certificates, t-shirts, or mugs”). Refer to Chapter 300 of the Policy Section for more information on the use of incentives.

c. Describe promotional items

Promotional items are used to generate visibility and interest in the program. They generally include items such as buttons, key chains, stickers, posters, or inexpensive visors. Promotional items should be used in a planned manner and should generally require some action on the part of the receiver (e.g., complete a tobacco industry knowledge quiz). If you plan to use promotional items in your program, identify the items and how they will be used in the appropriate area of the Scope of Work. If you do not know the exact promotional item you will be using, list possible examples (e.g., “promotional items, such as, buttons, key chains, or magnets”). Refer to Chapter 300 of the Policy Section for more information on the use of promotional items.

d. Describe Educational Materials Development

This includes creating, printing and disseminating educational materials such as pamphlets, curricula, flash cards, videos, etc. If you plan to develop educational materials, describe the format of the piece (brochure, pamphlet, etc.), content, length in pages (a range, such as 25 to 30 pages), who the target audience is, and the number to be printed or produced (again, a range is appropriate). For example, “Produce a four to five page brochure targeting policy makers and addressing environmental tobacco smoke issues. Policy makers will provide input on content emphasis and will review the script. 20 to 50 copies of the brochure will be produced and distributed locally to all policy makers.” Refer to Chapter 300 of the Policy Section for more information on educational materials development.

e. Describe Media Activities

Describe the media to be used to support program efforts (e.g., electronic, outdoor, newspaper, public relations, etc.). Include the length of the public service announcements (PSAs) and paid ads, and the number of times they will be aired. For billboards, indicate the number of months they will be displayed. Refer to Chapter 500 of the Policy Section for more information on integrating media activities.

f. Indicate How Much Will Be Done

Quantify the amount of work to be performed in order to help justify the budget request. You are encouraged to use ranges. Indicate the



length, frequency, and number of trainings, educational materials, etc. For example, conduct two to three trainings, each of two to six hours duration.

*g. Indicate Where Activities Occur*

Indicate, where appropriate, the geographic location or site where activities will occur, e.g., Bedrock County, housing projects, retail stores, rodeos.

- 2) **Outcome Evaluation Activities** – A CLP evaluation consultant will work with applicants funded to establish tobacco control youth coalitions to create a case study of the funded applicants successes and challenges. Funding for these coalitions is awarded with the understanding that participation in the outcome evaluation case study is mandatory. LLAs may be required to administer an annual standardized evaluation tool to measure characteristics of youth coalition members. Characteristics might include but are not be limited to items such as diversity, changes in perspectives toward tobacco use, and changes in abilities and confidence to accomplish tobacco control activities.

3. Column #2: Start/End Date

Indicate the time frame during which each program and evaluation activity will be completed in a sequential order. Give a targeted start and end date. This will be useful in budgeting staff time, and overall project planning. Do not give the entire plan period as the start and end date for each activity.

4. Column #3: Who is Responsible

Indicate the position responsible for each program and evaluation activity. This may include program staff, volunteers, coalition members, consultants, or subcontractors. Indicate the **specific position**, such as Project Director or Educator. These position titles must correspond to the titles used in the Budget Justification. You may abbreviate position titles (e.g., HE for Health Educator). Provide a key to identify position titles if using acronyms. Do not include agencies or individuals that **are not** within your control (e.g., city officials, schools, etc.).

5. Column #4: Tracking Measures

List the items that are used to document and verify that program and evaluation activities are completed. These range from sign-in sheets, meeting logs and press releases, to more complex measures such as focus group findings, survey instruments and survey results. These measures verify that the activity occurred and provide supporting documentation for the progress report.

6. Column #5-7: For Progress Report Use Only

These columns should be left blank. They are used only for completing progress reports.

9. **Budget and Budget Justification (No Attachments - 20 points)**

This section provides information and instructions on the Budget and Budget Justification that must be included in your application.

**Criteria**

Funding preference shall be given to applicants that:

- Submit reasonable Budgets for the proposed quality and quantity of activities in the Scope of Work;
- Propose reasonable personnel and consultant costs, given the qualifications of the individuals and needs of the project;
- Propose salaries and consultant fees consistent with comparable State civil services positions; and
- Provide the level of detail requested in the Budget and Budget Justification instructions.

**Budget Instructions**

The Budget is a summary of the expenses described in the Budget Justification. It must be realistic, cost-effective, and appropriate to the proposed Scope of Work. The Budget is the controlling mechanism for expenditures and the basis for approval of invoices.

Prepare one Budget for the entire contract term, which is November 15, 2000, through August 31, 2001. Only use whole numbers and round to the nearest dollar. Please refer to Appendix B for the required Budget format.

Once approved, the Budget will be incorporated into the contract.

**Budget Justification Instructions**

The Budget Justification: 1) describes and justifies the expenditures associated with the activities in the Scope of Work, and 2) helps evaluate the Scope of Work and Budget. Prepare one Budget Justification for the entire contract term. Only use whole numbers and round to the nearest dollar. The amounts in the Budget columns and Budget Justification must be the same. Please refer to Appendix C for the required Budget Justification format. This format is required to maintain a standardized review and audit trail.

When preparing the Budget Justification, take into consideration changes that may occur due to programmatic or administrative needs. For example, the number of staff increase/decrease as program intensity fluctuates. The Budget Justification should address the following categories/subcategories. If a category does not apply, simply put a -0- in that category.

### 1. Program Activities

- a) **Program Development.** This may include, but is not limited to, development of educational materials needed to implement your Scope of Work, costs associated with recruitment/retention of youth coalition members, etc.
- b) **Program Implementation.** Include costs for incentives for youth participating in activities, promotional items, media costs, costs associated with one to three tobacco control advocacy activities, purchase of educational materials, etc.
- c) **Program Coordination.** This may include costs related to conducting youth coalition meetings (facility costs, etc.)
- d) **Other.** Include items that do not fit within the above three subcategories.

Provide a subtotal for the Program Activities Category.

### 2. Program Management

- a) **Travel.** Include costs associated with travel to implement the project Scope of Work as well as attend CDHS/TCS sponsored trainings/conferences that relate to the project, participation in a statewide summit and local tobacco control youth advocacy coalition trainings. Travel expenses are reimbursed at the current State Department of Personnel Administration rates. Please refer to Appendix D, Travel Reimbursement Information.
- b) **Supplies.** May include pens, pencils, paper, etc., needed to implement the project Scope of Work, etc.
- c) **Equipment.** Due to limited funds available through this RFA, equipment purchases will not be allowed.
- d) **Other.** Includes costs related to printing, telephone (communication costs related to teleconferences and regular telephone use), postage, rent, etc.

Provide a subtotal for the Program Management Category.

### 3. Staff

- a) **Salaries.** Provide a position title, description of duties and total amount requested. Salaries shall not exceed those paid to State personnel for similar

positions/classifications. Please refer to Appendix E, Comparable State Civil Service Classifications. This person may be a county staff, subcontractor or consultant.

- b) **Benefits.** Provide a description of the benefits and the percentage rate. Fringe benefits do not include employee leave, i.e., annual leave, vacation, sick leave, holidays, jury duty, and/or military leave training. Include employee leave in the salary paid to the employee.
- c) **Training.** Budget costs for staff development, registration fees to conferences, trainings, etc.

Provide a subtotal for the Staff Category.

#### 4. **Indirect Costs**

Provide a dollar amount for the Indirect Costs charges. The rate cannot exceed eight percent (8%) of Salaries and Benefits per LEGACY Guidelines.

#### 5. **Total Budget**

Add categories one to four together to compute the Total Budget amount.

#### 10. **Drug-Free Workplace Certification**

This document requires completion/signature by the LLA Tobacco Control Project Director.

---

**V. TABLE OF CONTENTS OF ENCLOSED ATTACHMENTS**

---

<b>ATTACHMENT</b>	<b>PAGE</b>
1 Application Cover Sheet.....	26
2 Application Checklist .....	27
3 Table of Contents .....	28
4 Local Lead Agency Information Sheet for Youth Coalition .....	29
5 Acknowledgement of Communication with CDHS/TCS Funded Projects Form .....	30
6 Scope of Work, including evaluation .....	31
7 Drug Free Workplace Certification .....	32

---

**COVER SHEET: RFA TCS 00-104 Tobacco Control Youth Coalitions**

---

## 1. Applicant Information:

Local Lead Agency Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

County \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Federal Taxpayer Identification Number \_\_\_\_\_

2. Term of Contract: From 11/15/00 to 08/31/01

## 3. Total Budget Amount Requested \_\_\_\_\_

## 4. Location and Geographic Location of Project: \_\_\_\_\_

## 5. The undersigned hereby affirms that the statements contained in the application package are true and complete to the best of the applicant's knowledge and accepts as a condition of a contract, the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations. The undersigned recognizes that this is a public document and open to public inspection. Local Lead Agency Tobacco Control Project Director must sign.

Signature of Agency  
Representative \_\_\_\_\_ Date \_\_\_\_\_

Print Name &amp; Title \_\_\_\_\_

---

## APPLICATION CHECKLIST

---

The following attachments and components must be completed and submitted in the order shown here. Applications which are missing any of these attachments or components will be considered non-compliant and will not be reviewed. Please note that you are not required to submit the Application Checklist.

### Attachments and Components

	<u>Check Mark</u>
• Original	_____
• 4 copies of the application	_____
➤ • Application Cover Sheet (Attachment 1)	_____
• Application Checklist (Attachment 2)	_____
• Table of Contents (Attachment 3)	_____
• Local Lead Agency Information Sheet for Youth Coalition (Attachment 4)	_____
• Narrative – (No Attachment, 10 page limit)	_____
➤ • Acknowledgement of Communication with CDHS/TCS Funded Projects Form (Attachment 5)	_____
• Applicant Capability – (No Attachment, 5 page limit)	_____
• Scope of Work, including evaluation (Attachment 6)	_____
• Budget (No Attachment)	_____
• Budget Justification (No Attachment)	_____
➤ • Drug-Free Workplace Certification (Attachment 7)	_____

**NOTE:** ➤ **DENOTES THE DOCUMENT REQUIRES A SIGNATURE BY THE LOCAL LEAD AGENCY TOBACCO CONTROL PROJECT DIRECTOR. READ THE DOCUMENTS AND ALLOW TIME TO OBTAIN THE REQUIRED SIGNATURE.**

---

TABLE OF CONTENTS

---

	<b>PAGE</b>
1. Local Lead Agency Information Sheet for Youth Coalition .....	
2. Narrative .....	
3. Acknowledgement of Communication with CDHS/TCS Funded Projects .....	
4. Applicant Capability .....	
5. Scope of Work .....	
6. Budget .....	
7. Budget Justification .....	
8. Drug-Free Workplace Certification .....	



---

**LOCAL LEAD AGENCY INFORMATION SHEET  
FOR YOUTH COALITION**

---

- I. Local Lead Agency Name \_\_\_\_\_
- II. Youth Coalition Coordinator (YCC) or designee  
\_\_\_\_\_
- III. YCC telephone number \_\_\_\_\_
- IV. YCC fax number \_\_\_\_\_
- V. YCC e-mail address \_\_\_\_\_
- VI. Proposed number of participating youth (provide range) in youth coalition  
\_\_\_\_\_

---

**ACKNOWLEDGEMENT OF COMMUNICATION  
WITH CDHS/TCS FUNDED PROJECTS FORM**

---

This form is to be used to confirm that the applicant communicated with appropriate Regional Community Linkage Projects and other CDHS/TCS funded projects conducting youth activities in the applicant county regarding its proposed Scope of Work so as to coordinate and collaborate and avoid duplication of services. Please copy this form for Project Directors to complete. Requests for signatures must occur at least two weeks prior to the application due date.

**Applicant/Agency Name:** \_\_\_\_\_

**I. Communication and Coordination/Collaboration**

*(To be completed by Project Directors of the Regional Community Linkage Project and other CDHS/TCS funded projects conducting youth activities in applicant county)*

\_\_\_ Yes, there has been adequate communication with the applicant agency to plan for coordination or collaboration where appropriate.

\_\_\_ No, there has not been adequate communication to plan for coordination or collaboration, e.g., less than 2 weeks prior notifications.

If the applicant agency is planning to coordinate or collaborate with your agency, briefly describe how:

\_\_\_\_\_

\_\_\_\_\_

**II. Duplication of Effort**

*(To be completed by Project Directors of the Regional Community Linkage Project and other CDHS/TCS funded projects conducting youth activities in applicant county)*

\_\_\_ No, there is no duplication of activities      \_\_\_ Yes, there is duplication of activities

**III. Signatures**

Applicant Agency Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Community Linkage Project Project Director or Project Director for other CDHS/TCS funded project

Agency Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Tobacco Control Section  
Youth Coalition Scope of Work**

**Contract Number:**

**Contract Term:**

**Agency Name:**

**Revision Date:**

**Project Name:**

**Report Period:**

Objectives/Activities/Evaluation	Start/ End Date	Who Is Responsible	Tracking Measures	For Progress Report Use Only		
				Document Number/ Letter	Actual Date(s) Complete d	TCS Use Only: Document Rec'd & Okay
<b>Priority Area: Planning</b>						
<b>Objective #1:</b> By January 2001, a strategic planning process conducted by <b>(insert name)</b> County tobacco control program will produce an action plan to establish a tobacco control youth advocacy coalition that involves at least <b>(insert number)</b> youth, 12 to 17 years old as members.						
<b>Priority Area: (To be determined)</b>						
<b>Objective #2:</b> By August 31, 2001, <b>(insert name)</b> County tobacco control youth advocacy coalition will conduct 1 to 3 youth-driven advocacy interventions targeting community norm changes.						

**DRUG-FREE WORKPLACE CERTIFICATION**

STD.21 (NEW 11-90)

**COMPANY/ORGANIZATION NAME**

The contractor or grant recipient named above hereby certifies compliance with Government Code Section 8355 in matters relating to providing a drug-free workplace. The above named contractor or grant recipient will:

1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355(a).
2. Establish a Drug-Free Awareness Program as required by Government Code Section 8355(b), to inform employees about all of the following:
  - (a) The dangers of drug abuse in the workplace,
  - (b) The person's or organization's policy of maintaining a drug-free workplace,
  - (c) Any available counseling, rehabilitation and employee assistance programs, and
  - (d) Penalties that may be imposed upon employees for drug abuse violations.
3. Provide as required by Government Code Section 8355(c), that every employee who works on the proposed contract or grant:
  - (a) Will receive a copy of the company's drug-free policy statement, and
  - (b) Will agree to abide by the terms of the company's statement as a condition of employment on the contract or grant.

**CERTIFICATION**

I, the official named below, hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

OFFICIAL'S NAME	
DATE EXECUTED	EXECUTED IN THE COUNTY OF
CONTRACTOR OR GRANT RECIPIENT SIGNATURE	
TITLE	
FEDERAL I.D. NUMBER	

91 6065.3

---

## VI. APPENDICES TABLE OF CONTENTS

---

APPENDIX	PAGE
A     Directions to TCS.....	34
B     Budget Format.....	36
C     Budget Justification Format .....	37
D     Travel Reimbursement Information.....	38
E     Comparable State Civil Service Classifications .....	40

## DIRECTIONS TO THE TOBACCO CONTROL SECTION (TCS)

TCS is located at 601 North 7<sup>th</sup> Street in the Continental Plaza building. There is visitor parking located at the 2<sup>nd</sup> Continental Plaza entrance. There is a charge for parking (\$6.00 for all day or 50 cents an hour), but there is also some minimal free parking available along the street. The entrance to the building is on the south side of the building, which faces Richards Boulevard. Check in with the security guard at the front entrance, and they will call our staff to come and meet you.

### From the Sacramento International Airport to TCS:

Take I-5 South and take the Richards Boulevard exit (**If you pass J Street, you have gone too far**). At the exit light, turn left under the freeway. Follow Richards Boulevard to North 7<sup>th</sup> Street. Turn left on North 7<sup>th</sup> Street. Continental Plaza is the 3<sup>rd</sup> building on the right.

### From Fresno to TCS:

Take I-5 North toward Sacramento. You will see exits for Highway 50 and Business 80. REMAIN IN THE LEFT LANES AND CONTINUE NORTH! You will pass the Q and J Street exits. Take the next exit, Richards Boulevard. (**IF YOU CROSS THE AMERICAN RIVER AND THE GARDEN HIGHWAY EXIT, YOU HAVE GONE TOO FAR!**). Turn right at the off-ramp light and continue to North 7<sup>th</sup> Street. Turn left on North 7<sup>th</sup> Street. Continental Plaza is the 3<sup>rd</sup> building on the right.

### From South Lake Tahoe to TCS:

Take Highway 50 toward Downtown Sacramento. You will pass exits for Business 80/Reno and Highway 99. REMAIN IN THE LEFT LANES UNTIL YOU PASS THESE EXITS! Continue on Highway 50 until you see signs for I-5 North (Redding). You will pass exits for 16<sup>th</sup> and 10<sup>th</sup> Streets. You will need to get in the far RIGHT lanes TO TAKE THE I-5 North exit. After taking the I-5 North exit, you will quickly need to merge to the left. You will pass the Q and J Street exits. Take the next exit, Richards Boulevard. (**IF YOU CROSS THE AMERICAN RIVER AND THE GARDEN HIGHWAY EXIT, YOU HAVE GONE TOO FAR!**) Turn right at the off-ramp light and continue to North 7<sup>th</sup> Street. Turn left on North 7<sup>th</sup> Street. Continental Plaza is the 3<sup>rd</sup> building on the right.

### From the Bay Area to TCS:

There are two ways to get to TCS. It depends on which freeway you take.

1. Heading East on Business 80/Highway 50 toward Sacramento/South Lake Tahoe: Cross the Sacramento River, and take the I-5 North (Redding) exit. You will pass the Q and J

## APPENDIX A

Street exits. Take the Richards Boulevard exit. **(IF YOU CROSS THE AMERICAN RIVER AND THE GARDEN HIGHWAY EXIT, YOU HAVE GONE TOO FAR!)** Turn right at the off-ramp light and continue to North 7<sup>th</sup> Street. Turn left at North 7<sup>th</sup> Street. Continental Plaza is the 3<sup>rd</sup> building on the right.

OR

2. Heading East on Business 80 toward Sacramento/South Lake Tahoe: **(after Davis and before West Sacramento)** - - take Interstate 80/Reno. Interstate 80 will cross the Sacramento River and will swing around to intersect with I-5. Take the I-5 (South) exit toward downtown Sacramento. You will pass the Garden Highway exit and cross over the American River. Take the Richards Boulevard Exit. **IF YOU PASS THE J STREET AND Q STREET EXITS, YOU HAVE GONE TOO FAR!** Turn left at the off-ramp light and continue on to North 7<sup>th</sup> Street. Turn left at North 7<sup>th</sup> Street. Continental Plaza is the 3<sup>rd</sup> building on the right.

## BUDGET SAMPLE

## APPENDIX B



# California Legacy Program

## Local Lead Agency Youth Coalition Budget Request

**Legal Applicant Agency:** Local Lead Agency ABC

**Project Name:** \_\_\_\_\_

### 1. PROGRAM ACTIVITIES

#### REQUEST

Program Development

\$

Program Implementation

Program Coordination

Other (please specify in narrative)

SUBTOTAL

\$

### 2. PROGRAM MANAGEMENT

#### REQUEST

Travel

\$

Supplies

Equipment (maximum \$2,000)

Other (please specify in narrative)

SUBTOTAL

\$

### 3. STAFF <sup>1</sup>

#### REQUEST

Salaries

\$

Benefits

Training

Other (please specify in narrative)

SUBTOTAL

\$

### 4. INDIRECT COSTS

(Maximum 8%)

#### REQUEST

\$

### 5. TOTAL SUBCONTRACT BUDGET

#### REQUEST

\$

<sup>1</sup> Grant funds may not be used as support for existing staff support costs.



## APPENDIX C

### LOCAL LEAD AGENCY ABC Youth Coalition Budget Justification November 15, 2000 – August 31, 2001

1. PROGRAM ACTIVITIES	<i>Amount Requested</i>
<i>a) Program Development</i>	<i>\$0</i>
<i>b) Program Implementation</i>	<i>\$700</i>
<u>Incentives</u>	\$250
Incentives such as t-shirts, meal vouchers, to youth who participate in the coalitions	
<u>Promotional Items</u>	\$150
To generate enthusiasm & interest in the program, items such as waterbottles or pens will be given to participants	
<u>Educational Materials</u>	\$300
Materials such as pamphlets, brochures, and/or posters, to be distributed to youth and adults during trainings and conferences.	
<i>c) Program Coordination</i>	<i>\$300</i>
<u>Facility Use Fees</u>	\$300
Includes fees for use of facilities for large meetings, activities, etc.	
<i>d) Other</i>	<i>\$0</i>
<b>SUBTOTAL – PROGRAM ACTIVITIES</b>	<b>\$1,000</b>

**CONTINUE THE JUSTIFICATION IN THIS FORMAT, COVERING EACH LINE ITEM  
WITHIN THE MAJOR CATGORY. REFER TO THE INSTRUCTIONS FOR MORE  
INFORMATION.**

**Travel Reimbursement Information**  
**Effective November 2, 1999**

1. The following rate policy is to be applied for reimbursing the travel expenses of persons under contract.
  - a. Reimbursement shall be at the rates established for similar state employees.
  - b. Short Term Travel is defined as more than 24-hours, but less than 31 consecutive days, and is at least 50 miles from the main office, headquarters or primary residence. Starting time is whenever contract leaves his or her home or headquarters. "Headquarters" is defined as the place where contracted personnel spend the largest portion of their working time and return to upon the completion of special assignments.
  - c. Contractors on travel status for more than one 24-hour period and less than 31 consecutive days may claim a fractional part of a period of more than 24 hours. Consult the chart appearing on page 2 of this bulletin to determine the reimbursement allowance. All lodging must be receipted. If contractor does not present receipts, lodging will not be reimbursed.

(1) Lodging:

- a. Statewide Rate (with receipts): Actual cost up to \$84.00 plus tax.
- b. Effective November 2, 1999 through June 30, 2000, when required to do business and obtain lodging in the counties of Alameda, San Francisco, San Mateo and Santa Clara, and Central and Western Los Angeles reimbursement will be for actual receipted lodging to a maximum of \$110 plus applicable taxes. Central and Western Los Angeles is the territory bordered by Sunset Boulevard on the north, the Pacific Ocean on the west, Imperial Blvd/Freeway 105 on the south and Freeways 110, 10, and 101 on the east. This area includes downtown L.A., Inglewood, L.A. International Airport, Playa del Rey, Venice, Santa Monica, Brentwood, West L.A., Westwood Village, Culver City, Beverly Hills, Century City, West Hollywood and Hollywood.

Reimbursement for actual lodging expenses exceeding the above amounts may be allowed with the advance written approval of the Deputy Director of the Department of Health Service or his or her designee. Receipts are required.

- (2) Meal/Supplemental Expenses (with or without receipts): With receipts, the contractor will be reimbursed actual amounts spent up to the maximum.

Breakfast	\$6.00	Dinner	\$18.00
Lunch	\$10.00	Incidentals	\$6.00

- d. Out-of-state travel may only be reimbursed if such travel has been stipulated in the contract and has been approved in advance by the program with which the contract is held. For out-of-state travel, contractors may be reimbursed actual lodging expenses, supported by a receipt, and may be reimbursed for meals and supplemental expenses for each 24-hour period computed at the rates listed in c. (2) above. For all out-of-state travel, contractors must have prior Departmental approval and a budgeted trip authority.
  - e. In computing allowances for continuous periods of travel of less than 24 hours, consult the chart appearing on page 2 of this bulletin.
  - f. No meal or lodging expenses will be reimbursed for any period of travel that occurs within normal working hours, unless expenses are incurred at least 50 miles from headquarters.
2. If any of the reimbursement rates stated herein are changed by the Department of Personnel Administration, no formal contract amendment will be required to incorporate the new rates. However, DHS shall inform the contractor, in writing, of the revised travel reimbursement rates.

3. For transportation expenses, the contractor must retain receipts for parking; taxi, airline, bus, or rail tickets; car rental; or any other travel receipts pertaining to each trip for attachment to an invoice as substantiation for reimbursement. Reimbursement may be requested for commercial carrier fares; private car mileage; parking fees; bridge tolls; taxi, bus, or streetcar fares; and auto rental fees when substantiated by a receipt.
4. **Note on use of autos:** If a contractor uses his or her car for transportation, the rate of pay will be 31 cents maximum per mile. If the contractor is a person with a disability who must operate a motor vehicle on official state business and who can operate only specially equipped or modified vehicles may claim a rate of 31 cents per mile without certification and up to 37 cents per mile with certification. If a contractor uses his or her car "in lieu of" air fair, the air coach fair will be the maximum paid by the State. The contractor must provide a cost comparison upon request by the state. Gasoline and routine automobile repair expenses are not reimbursable.
5. The contractor is required to furnish details surrounding each period of travel. Travel detail may include, but not be limited to: purpose of travel, departure and return times, destination points, miles driven, mode of transportation, etc.
6. Contractors are to consult with the program with which the contract is held to obtain specific invoicing procedures.

### TRAVEL REIMBURSEMENT GUIDE

IF LENGTH OF TRAVEL IS	IF THIS CONDITION EXISTS	CONTRACTOR MAY CLAIM
Less than 24 hours	Travel begins at or before 6:00 a.m. and ends at or after 9:00 a.m.  <i>Example: A contractor may claim breakfast if, during a period of travel, he or she begins their travel at 5:30 a.m. and ends their travel at 9:30 a.m.</i>	Breakfast
Less than 24 hours	Travel begins at or before 4:00 p.m. and ends at or after 7:00 p.m.  <i>Example: A contractor may claim dinner if, during a period of travel, he or she begins their travel at 3:30 p.m. and ends their travel at 7:30 p.m.</i>	Dinner
Less than 24 hours	Lunch or incidentals may <b>not</b> be claimed on a trip of less than 24 hours	
24 Hours	A contractor is on travel status for a full 24 hour period (determined begin and end times).	Breakfast, lunch, and dinner
Last fractional part of more than 24 hours	Return at or after 8:00 a.m.  <i>Example: If a contractor returns the last day of a trip of more than 24 hours at or after 8:00 a.m., a breakfast allowance may be claimed.</i>	Breakfast
Last fractional part of more than 24 hours.	Return at or after 2:00 p.m.  <i>Example: If a contractor returns the last day of a trip of more than 24 hours at or after 2:00 p.m., a lunch allowance may be claimed.</i>	Lunch
Last fractional part of more than 24 hours.	Return at or after 7:00 p.m.  <i>Example: If a contractor returns the last day of a trip of more than 24 hours at or after 7:00 p.m., a dinner allowance may be claimed.</i>	Dinner

## APPENDIX E

<b>COMPARABLE STATE CIVIL SERVICE CLASSIFICATIONS</b>
---

State Classification Title	Comparable Title	Comparable Monthly Salary **
Health Education Consultant Specialist III	Project Director	\$4,220-\$5,274
Health Education Consultant II	Senior Health Educator or Assistant Project Director	\$3,840-\$4,801
Health Education Consultant I	Health Educator or Health Education Assistant	\$3,193-\$3,980
Administrative Assistant I	Program Coordinator/Assistant	\$3,130-\$3,805
Office Services Supervisor II	Office Manager	\$2,527-\$3,072
Management Services Technician	Community Health Worker	\$2,135-\$2,596
Research Scientist II	Evaluation Consultant	\$4,542-\$5,480
Research Scientist I	Evaluation Consultant	\$4,136-\$4,989
Associate Governmental Program Analyst	Research Analyst II	\$3,764-\$4,576
Staff Services Analyst	Research Analyst I	\$2,411-\$2,932

**\*\* Please note that salaries will increase by 5% effective September 1, 2000.**